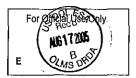
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 180 30	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Roger N Nauyalis	Name Machinist, AFL-CIO		
	Labor Organization File Number 000-107		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 5 Westbrook Corporate Center, #100	Street 9000 Machinists Place		
City Westchester	City Upper Marlboro		
State   Illinois   ZIP Code + 4   60154-5749	State Maryland ZIP Code + 4 20772-2675		
5. Position in labor organization. Grand Lodge Representative			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of			
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name	PARTITION OF THE PROPERTY OF T		
Trade Name, if any:			
Treate Harris, II driy, [			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City			
State ZIP Code + 4	The state of the s		
Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Roya Alla	On 8/12/05 (708) 562-3184		
Signed long / amalin	Date Telephone Number		

Name of Person Filing Roger Nauyalis	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name Jacobs, Burns, Orlove, Stanton & Hernandez  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 122 S. Michigan Ave., Suite 1720  City Chicago  State Illinois ZIP Code + 4 60603-6145  10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with:    X   a. Labor Organization   b. Trust   c. Employer    11.a. Nature of such dealing.	
Konstanting — The constant of	Lawfirm provides legal services to	Union
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any Street		
	11.b. Approximate dollar value of such dealing.	***************************************
State ZIP Code + 4	12.a. Nature of interest held or income received.  12/04 Christmas box of chocolates	
	12.b. Amount.	\$30
	12.0.7 (11001)	1
<ul> <li>C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money</li> </ul>		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		-
City		
State ZIP Code + 4		MIN DAMPED AND AND AND AND AND AND AND AND AND AN
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing Roger Nauyalis	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise			
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Lazard Asset Management	pontane			
Trade Name, if any:	a. Labor Organization			
P.O. Box, Bldg., Room No., If any One Mkt. Plaza Suite 2625	b. Trust  c. Employer			
Street 30 Rockefeller Plaza	(			
City New York				
State New York ZIP Code + 4 10112				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name I.A.M. National Pension Plan	Past and prospective provider wit Pension Trust.	h the IAM National		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any Suite 300				
Street 1300 Connecticut Ave., NW,	11.b. Approximate dollar value of such dealing.			
City Washington,	12.a. Nature of interest held or income received.	I a way a war a same a		
State District of Columbia ZIP Code + 4 20036	3/9 Food and entertainment			
	12.b. Amount.	\$100		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	**************************************		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street		]		
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing Roger Nauyalis		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	3		
8. Name and address of Business (Including trade name, if any).  Name Vision Services Plan  Trade Name, if any:  P.O. Box, Bldg., Room No., if any One Mkt. Plaza Suite 2625  Street Steuart Street Tower  City San Francisco  State California ZIP Code + 4 94105	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	tion		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name I.A.M. National Benefit Trust  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 300  Street 1300 Connecticut Ave., NW,  City Washington,  State District of Columbia ZIP Code + 4 20036	11.a. Nature of such dealing Prospective provide Trust.  11.b. Approximate dollar value 12.a. Nature of interest held 7/16 food and entered	er to the National IAM Benefit  e of such dealing.		
	12.b. Amount.	\$95		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  ZIP Code + 4	14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	The hands one country field of self-country marketing ( ) the field on		

Name of Person Filing Roger Nauyalis	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actionally any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise		
8. Name and address of Business (including trade name, if any).  Name Chicago Equity Partners  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 3800  Street 180 N. LaSalle St.  City Chicago  State Illinois ZIP Code + 4 60601	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name IAM National Pension Plan  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 300	11.a. Nature of such dealing.  Prospective provider to the National IAM Pension Trust.		
Street 1300 Connecticut Ave., NW,	11.b. Approximate dollar value of such dealing.		
City Washington,	12.a. Nature of interest held or income received.		
State District of Columbia ZIP Code + 4 20036	Meals and entertainment on the following dates 2/11, 5/24,8/3,11/1		
	12.b. Amount. \$250		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.  14.b. Amount of payment.		
13.b. Is the Business an Employer or Consultant?	or paymont.		